

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ANTHONY MAMMANA

Plaintiff,

v.

FEDERAL BUREAU OF
PRISONS, et al.

Defendants.

:
:
:
:
:
:
:
:

NO.: 4:17 -cv-00645

Jury of Twelve (12) Jurors Demanded

AFFIDAVIT OF SERVICE

I, Matthew B. Weisberg, Esquire, hereby certify that a **Summons and Civil Action Complaint** was served upon the following defendants respectfully: **Department of Justice United States Attorney's Office** via Certified Mail Return Receipt 7016 3010 0000 1804 3295 on **August 7, 2017** at Ronald Reagan Federal Building, Suite 220, 228 Walnut Street, Harrisburg, PA; **Office of the Attorney General** via Certified Mail Return Receipt 7016 3010 0000 1804 3288 on **August 10, 2017** at 950 Pennsylvania Avenue, NW, Washington, DC 20530.

Proof of service is attached hereto. (See Exhibit A).

WEISBERG LAW

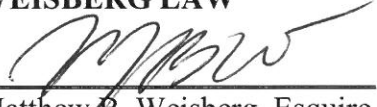

Matthew B. Weisberg, Esquire
Attorney for Plaintiff

EXHIBIT “A”

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Office of Attorney General</p> <p>U.S. Dept. of Justice</p> <p>950 Pennsylvania Avenue, NW</p> <p>Washington, D.C. 20530</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>Aug 10 2017</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 3010 0000 1804 3288</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Dept. of Justice - U.S. Attorney</p> <p>Ronald Reagan Fed. Bldg. #220</p> <p>228 Walnut Street</p> <p>Harrisburg, PA 17108-1754</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>8-7-17</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 3010 0000 1804 3295</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	